



August 2003

# **Program Highlights**

## Medicare reimbursement for flu & pneumococcal administration increases.

In March Medicare increased the reimbursement rate for influenza and pneumococcal vaccine administration by an average of 94%, from the national average of \$3.98 in 2002 to \$7.72 for 2003.

Actual amounts vary geographically. Providers are also entitled to separate payments for the cost of the vaccines. Many providers may be unaware of this increase, and increasing their awareness may increase their willingness to provide flu and pneumococcal vaccinations for adults. Please share this information with adult immunization providers in your area.

## College Immunization Survey Underway

The Immunization Program will conduct a survey of all public, private, community and technical colleges and universities. The survey will collect information about student and staff immunization practices, policies and services at Washington state institutions of higher learning. The findings will be used to develop strategies to address concerns raised by recent outbreaks of meningococcal and measles disease at colleges and universities, and in the development of prevention efforts for all vaccine preventable diseases for college students and staff. Results are expected to be available by December 2003. Contact Pat deHart (360) 236-3537 or Tom Kimzey at (360) 236-3556.

#### Routine Recommendation and Promotion of Varicella Vaccination

The Washington State Guidelines for the use of varicella vaccine have been revised to incorporate the routine recommendation for the administration of varicella vaccine for all infants 12 months of age. This change in the vaccine use guidelines follows the recent recommendation of the Washington State Vaccine Advisory Committee, which brought Washington policy into alignment with the National Advisory Committee on Immunization Practice guidelines. The change was announced to local health officers, nursing directors and immunization coordinators, shared with the AAP & WAFP, and added to the CHILD Profile announcements page. A multifaceted public awareness and varicella immunization campaign is under development with the assistance of a public relations/marketing firm. Contact: Jan Hicks-Thomson: Jan.Hicks-Thomson@doh.wa.gov; 360-236-3578, or Cindy Gleason, Cindy.Gleason@doh.wa.gov; 360-236-3569

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## Enhanced Case Management Support for LHJ Perinatal Hepatitis B

Enhancements have been made to the Immunization Program's hepatitis B database, allowing the production of a report that supports LHJ perinatal hepatitis B case management programs. The report, generated by the DOH/Immunization Program, provides detailed information about infants in each county that need immunizations or post testing in follow-up to their prenatal exposure to hepatitis B. The first of these reports went out to hepatitis coordinators in June, and it will continue to be provided on a monthly basis to all counties. Work is underway with the database to produce a similar report that will promote follow-up and case management for household contacts of infected mothers. Contact: Claire Norby (360) 236-3565

## School status reports - what is the data telling us?

Each year data is collected from schools on immunization compliance and exemption levels. This data is currently being analyzed for trends over the last 6 years. Early indications appear to show declining immunization rates. However, further analysis is needed to look at all the variables. When the data analysis is completed, a report will be produced and shared with local health and other partners. The data support a need to be more proactive in the Immunization Program's outreach and assistance to schools and parents.

The Immunization Program is working on avenues to do this and encourages LHJs to continue and in some cases enhance work with schools to educate parents about bringing in their child's immunization record rather than signing an exemption for convenience. The Immunization Program will be sending copies of Plain Talk to schools to provide to parents who ask for an exemption.

# **Education News**

#### **Immunization Promotional Efforts**

The Immunization Program is planning for several comprehensive education and awareness activities to raise awareness and increase immunization rates overall, and activities related to specific diseases and populations. An education and awareness activity specifically focused on varicella and childhood influenza will begin in late summer or early fall. The program will also be developing or adapting materials to promote immunization among children adopted from foreign countries, and their adoptive families. A number of venues are being identified for promoting adult flu and pneumococcal vaccination this fall. An emphasis on enhancing parental knowledge of pertussis is underway. A plan for the development, adaptation, and use of VPD pictures in educational materials is being developed.

The Program has contracted with a marketing firm to assist in market assessment and developing and promoting a marketing plan to accomplish the above. A variety of educational approaches will be utilized and made available to the counties for use. Your input will also be valuable as the process progresses.

#### Immunization Track - Joint Conference on Health

The Immunization Program in collaboration with LHJ representatives has secured a venue at the Joint Conference on Health to provide an 'Immunization Track' on Monday Oct. 13 and part of Tuesday Oct. 14. This will provide an opportunity for LHJ staff to attend a statewide meeting that has a concentrated track specific to immunizations. The topics will include: parent hesitancy, science and policy issues (Dr. Ed Marcuse); Vaccine Successes, Challenges and Barriers: A Local Perspective (LHJ staff panel); Childhood Influenza (Dr. Kathleen Nuezil); Varicella, Parent Focus Groups, a

demonstration of VAC TRACS, and an informal session covering VFC updates and other programmatic issues of interest (State Immunization staff) and networking.

The Program would also like to help pay transportation/lodging costs for LHJs to encourage participation. Please stay tuned for more information about this important opportunity for learning, sharing, and networking.

# **New Immunization Program Staff**

Karen Arbogast joined the Immunization staff in July. She is working along side Ruth McDougall as one of our Public Health Nurse Consultants. She has extensive experience in the immunization field and is a great addition to our staff. She comes to us from the Franciscan Health System in Pierce County. Karen can be reached at 360-236-3540.

Lin Watson joined the Immunization staff in August as a Senior CDC Public Health Advisor. Lin comes to us with extensive background in immunizations from local, state and national positions – most recently serving as Interim Program Manager for the Arkansas Immunization Program. You can reach Lin at 360-236-3541.

Shana Johnny joined our program in August as the Hepatitis Coordinator. Shana is a public health nurse with a well-rounded background in immunizations and hepatitis in particular. She is coming to us from the Puyallup Tribal Health Authority. Shana can be reached at 360-236-3698.

# **CHILD Profile Updates**

# Things are heating up at the Immunization Registry!

Our new marketing strategies are paying off! Since the beginning of the year, more than 35 health care organizations have signed up to participate in the registry. This brings the total number of organizations contributing data to CHILD Profile to 140, representing some 20% of sites that provide childhood immunizations. This is a great start to our goal of 95% provider participation by 2006!

This summer a number of media-related activities are occurring to highlight CHILD Profile. **Look for:** 

- Feature stories about CHILD Profile in professional journals, such as the Washington Chapter of AAP, the Washington Academy of Family Physicians, Scopes Magazine, and local medical society newsletters.
- Articles in health plans' provider newsletters.
- Ads in professional journals inviting participation in CHILD Profile.

- Thank you ads in four daily newspapers acknowledging the good work of our participating providers, and listing their organizations/clinics by name.
- Articles in your local newspapers about CHILD Profile.
- Also furthering our efforts to increase provider participation are the three newest members of our marketing team, Margo Harris and Elizabeth Nucci based at our Seattle office, and Kari Scott based at the Health Improvement Partnership in Spokane. They are eager to connect with providers in your community and can be reached through the Help Desk 1-800-325-5599!

Many of you have referred providers to us for follow-up, and we appreciate your support and help. The more providers participate, the more value the registry offers to the entire community. Please continue spreading the word to your fellow health care practitioners. And if you know someone who should be a

part of the registry, just let us know and we will contact them

## **Fully Web Enabled System Coming**

We are also excited to let you know that a contractor has been selected to work with CHILD Profile staff on improving the functionality of the registry. This work will make the registry a fully web-enabled system that meets the requirements identified in our definition process last summer.

The new web system will include <u>all</u> the functionality of both our current text-based and web-based system. Functions such as: reminder/recall lists, vaccine accountability reports, and CASA export will all be included and, in some cases improved, in the new version.

The new version will also have many of the additional features that healthcare providers, public health agencies & CHILD Profile staff have asked for, such as:

- the ability to run provider-specific reports (as well as the current clinic-specific reports);
- a field to acknowledge the patient's receipt of the Vaccine Information Statement (VIS);
- a flag for vaccine contraindications.

Be on the look out for a demonstration in your area of this exciting new system now in development!

## **New Health Promotion Inserts**

CHILD Profile Health Promotion began inserting two new pieces into its mailings. Starting in mid-April 2003, "Lead and Your Kids" is included in the one-year mailing.

Developed by DOH's Childhood Lead Poisoning Prevention Program, this material encourages parents to keep an eye out for sources of potential lead exposure. It also provides a checklist to help parents determine if their child is at risk of lead poisoning. Starting in July, "Fish Facts for Good Health" is being inserted in the 15 - month mailing. DOH's Office of Environmental Health Assessment and the WIC program developed this material.

At the end of June, CHILD Profile began inserting its "Is Your Baby Protected?" immunization fact sheet into the 9-month mailing. The fact sheet contains the 2003 immunization schedule, along with information about how vaccines work and the 13 serious diseases they prevent. The fact sheet continues to be mailed in the introductory mailing that goes to the parents of all Washington newborns, as well as those who are entered into the CHILD Profile system at older ages via their health care provider. It is hoped that sending the fact sheet in the 9month mailing will provide a timely reminder to parents to make sure their children are upto-date on immunizations as their first birthday approaches. The Immunization Program was able to provide funding for this second insertion of the fact sheet for one year. In the next Parent Satisfaction Survey, CHILD Profile will evaluate the effectiveness of inserting the fact sheet twice over the mailing cycle. The new version of the fact sheet can be viewed at <a href="http://www.childprofile.org">http://www.childprofile.org</a>, and local health jurisdictions can order copies in English and Spanish from the DOH warehouse at fax number 360-664-2929.

CHILD Profile has older versions of the fact sheet available in various other languages. The 2001 fact sheet, which includes all current recommended immunizations with the exception of the flu vaccine, was translated into seven languages in addition to English and Spanish: Chinese, Cambodian, Korean, Vietnamese, Russian, Laotian, and Somalian. CHILD Profile can make these available at no charge. (Depending on the quantity ordered, shipping may be charged.) Contact Shary Robinson at 206-296-2785 or child-profile.health@metrokc.gov to order the older fact sheets in these 7 languages.

# WIC/Immunization Linkage

# WIC/IMMUNIZATION RECORD ROUND-UP PROJECT

~ Working Together for Healthier Kids ~

The 2003 WIC/Immunization Record Round-Up Project is underway in 13 counties. The twenty local WIC agency project participants include local health jurisdictions, hospitals, community action agencies and tribal clinics:

Asotin (Health District)
Clark (Health Department)
Garfield (Health District)
Grays Harbor (Coastal Community Action
Program, Health Department)
Kitsap (Port Gamble S'Klallam Tribe)
Kittitas (Health Department)
NE Tri-County (Health District)

Pierce (Community Health Care, Franciscan
Health System, Good Samaritan, Mary
Bridge, SeaMar)
San Juan (Health Department)
Skamania (Health District)
Thurston (Community Action Council, Health
Department, South Puget Intertribal
Agency)
Whatcom (SeaMar)
Whitman (Health Department)

Infant and children caseload for the participating WIC agencies exceeds 28,000. Clinics are receiving funding to collect and copy children's immunization records, obtain signed caregiver consent to have the information entered into the CHILD Profile Immunization Registry and provide an incentive to the caregiver. Most local agencies are working with their agency's immunization staff to have their clients' data entered into the registry.

Project goals include population of the immunization registry and increasing the number of children 19-35 months with complete 4:3:1:3:3 immunization histories in the registry. The project's secondary goals are to promote the registry, increase awareness about immunizations and strengthen the WIC/Immunization partnership at the state and local levels.

4 DTaP – Diphtheria, Tetanus, Pertussis
3 Polio
1 MMR – Measles, Mumps, Rubella
3 Hib – Haemophilus Influenzae type b
3 Hep B – Hepatitis B

A similar project conducted in 12 counties in 2002, collected and entered over 11,000 immunization records. Eighty-four percent of those records contained information not currently in the registry, with an average of 8-12 immunizations entered per record. At an evaluation meeting earlier this year, the agencies' staff shared comments from WIC and Immunization/Data Entry Staff and WIC Clients. Here's what we heard about the 2002 Record Round-Up Project:

- ▼ WIC Staff "Another way to provide quality services."
- ♥ WIC Client "WIC and Immunization staff care about my child."
- ▼ Immunization/Data Entry Staff "Helping to make a difference."

Washington State has received both local and national recognition for this excellent example of cross program collaboration. Presentations have been made at the National Immunization Conference in Chicago, National Childhood Immunization Meeting in Baltimore and the National WIC Association Conference in New York City. Abstracts have been submitted for the Joint Conference on Health in Yakima and the National Immunization Registry Conference in Atlanta.

# Resources

Helpful websites for parents who may be hesitant about immunizing:

- CDC 10 Tips on Evaluating Immunization Information, <a href="https://www.cdc.gov/od/nvpo/tips.htm">www.cdc.gov/od/nvpo/tips.htm</a>
- CDC Six Common Misconceptions about Vaccines and How to Respond to Them, www.cdc.gov/nip/publications/6mishome.htm
- CDC What Would Happen If We Stopped Vaccinations? (Disease topics include Polio, Measles, HIB, Pertussis, Rubella, Varicella, Hepatitis B, Diphtheria, Tetanus, Mumps www.cdc.gov/NIP/publications/fs/gen/WhatIfStop.htm
- CDC Helping Parents Who Question Vaccines www.immunize.org/news.d/news403.htm
- IAC, Vaccine Myths (Addresses issues such are vaccines aren't necessary, vaccines aren't safe, infants are too young to get vaccinated, vaccines cause autism, etc.)
   www.immunize.org/catg.d/4038myth.htm
- IAC Needle Tips Hesitant Parent? Here are some Helpful Ideas! (Includes excerpts from an article co-authored by Dr. Magna Dias and Dr. Edgar Marcuse titled "When Parents Resist Immunizations" published in Contemporary Pediatrics July 2000. <a href="https://www.immunize.org/nslt.d/n27/hesitant.htm">www.immunize.org/nslt.d/n27/hesitant.htm</a>

# **Materials**

- The 2003 ACIP Recommended Childhood Immunization Schedule laminated cards are still available. Please call Healthy Mothers, Healthy Babies at 1-800-322-2588 or e-mail Jennifer Little at <a href="JenniferL@hmhbwa.org">JenniferL@hmhbwa.org</a> to order a supply.
- The Spanish version of the CDC recommended schedule available on-line at <a href="http://www.cdc.gov/nip/recs/child-schedule.htm#Printable">http://www.cdc.gov/nip/recs/child-schedule.htm#Printable</a>.
- CDC has produced a new Immunization booklet entitled "Promise to Vaccinate". It comes in a plastic sleeve in both English and Spanish. The booklet covers information about why vaccines are important, what they are and how they protect a child along with resources for parents. The Immunization Program ordered 1,000 and has them available upon request.
- The CDC Adult Immunization Schedules are available to order from the DOH Distribution Center or the English and Spanish versions can also be found on the web at <a href="http://www.cdc.gov/nip/recs/adult-schedule.htm#print">http://www.cdc.gov/nip/recs/adult-schedule.htm#print</a>.
- The video "Vaccines: Separating Fact from Fear" and "Vaccines and Your Baby" are now available in Spanish from the Vaccine Education Center of Children's Hospital of Philadelphia (CHOP). Health professionals can receive two copies of the video free of charge for each practice site. Go to: https://www.chop.edu/vec/vecprof\_order.cfm. (copy of order form enclosed)
- The meningococcal VIS was updated as of 7/28/03. It is available from the CDC website.

# **IACW News**

## Parent Leadership Inquiry

The IACW Public Awareness/Education subcommittee is collaborating with the Oregon Coalition (OPIC) to plan a parent leadership inquiry. The goal is to bring leaders from Oregon and Washington together for a face-to-face meeting to learn how OPIC and IACW can most efficiently and effectively answer and respond to parents questions about childhood immunizations. Secondarily, is to increase access to age-appropriate childhood immunizations by providing parents with reliable, parent-friendly science based immunization information and resources. Both states have contacted groups like the PTA, Head Start; Pkids; Healthy Childcare, etc. and invited participation in a November 2003 gathering. Response has been positive.

This year the project is concentrating on SW WA counties and NW Oregon counties. OPIC and IACW plan to expand the project to other areas next year.

## **IACW Program Coordinator Recruitment**

The Coalition operates primarily with volunteers and partner organizations that are dedicated to raising immunization rates in WA. Many ideas are generated for activities that the Coalition could carry out but it often falls aside because of the nature of a volunteer organization. Consequently, the Immunization Program has committed to funding a half time paid IACW Coordinator under contract with Healthy Mothers, Healthy Babies to assist in carrying out the strategic plans of IACW. Recruitment for the position is currently underway and the plan is to have someone on board by September.

## Asian Pacific Islander Task Force Up-date

Hepatitis B awareness and education projects being conducted in concert with the Asian Pacific Islander Hepatitis B Task Force are well under way for 2003. Katy Burchett is coordinating the efforts under contract with the Immunization Program through Healthy Mothers, Healthy Babies. Leaders from community organizations, hospitals, public health, DOH, and other entities are working together to promote these efforts. Three different subcommittees of the API Hepatitis B Task Force are developing and implementing action steps. The three subcommittees are: Teen Outreach; Community Outreach and Provider Outreach and are made up of various members of the API community. Projects underway include: setting up a teen web page; development of additional screening/vaccination programs at Seattle area high schools; community involvement through an awareness campaign called the Jade Ribbon campaign; and reaching health care providers that work with the API community.

## **News Briefs**

#### "Bigger Reimbursements for Flu Shots"

New York Times (www.nytimes.com) (07/11/03) P. A10; McNeil, Donald G.

Doctors are getting higher payments from Medicare and Medicaid to deliver flu and pneumonia vaccinations. Noting the higher payments, leading medical groups are pushing physicians to encourage their older patients to get vaccinated against the flu and pneumonia.

#### "Reminder: Get a Tetanus Booster"

Washington Post (www.washingtonpost.com) (07/10/03) P. H6; Higgins, Adrian

The Centers for Disease Control and Prevention (CDC) has issued a statement that 39 percent of the people who contracted tetanus in 2001 did so while gardening or doing yard work. The agency made the announcement in an attempt to raise awareness of tetanus and its dangers--as well as the fact that there is a vaccine available for the prevention of the disease. Tetanus is most often caused by deep puncture wounds, but it can, in fact, enter the body through any cut in the skin, even an insect bite. The CDC recommends a tetanus booster every 10 years, yet just 47 percent of adults obtain the booster--an easy way to obtain failsafe protection.

#### "Vaccines for Adults"

NY Times Editorial July 9, 2003

Most adults ensure that their children are vaccinated against childhood diseases, but many neglect to get their own immunizations. Even those who are well informed about health do not seem to know that adults, too, need vaccines. Nearly 50,000 adults die in America each year from vaccine-preventable diseases. The Centers for Disease Control and Prevention estimates that these illnesses cost society \$10 billion a year. Reaching adults with vaccines takes creative thinking, but it can be done, as has been shown by France and other countries with effective adult vaccination programs.

While all children need basic immunizations, adults have more varied needs, an obstacle to getting out the vaccine message. People over 50 and anyone with chronic heart, lung or kidney problems should get annual flu vaccinations. But in 2001 only a quarter of the adults from 18 to 64 with a specific risk of flu were vaccinated. People 65 and older and those with special health problems should also be vaccinated against pneumococcal disease - the most common cause of pneumonia, accounting for some 175,000 hospitalizations each year. In addition, a vaccine can protect against hepatitis B, which is transmitted through sex and shared needles and kills 5,000 adults a year in the United States.

Adults should also get a tetanus booster every 10 years. Certain people should be vaccinated against hepatitis A, chickenpox, diphtheria, measles, mumps and rubella. In the next few years vaccines are likely to become available against the herpes virus and the human papillomavirus – the world's most prevalent sexually transmitted infection and the leading cause of cervical cancer.

Children benefit from a good vaccine structure. Pediatricians inform parents about vaccines and are equipped to administer them. Schools and day care centers require proof of immunization. In most cases, an insurance company or the government pays for vaccines. Many states have a computerized registry to track immunizations.

Adults have none of these advantages. They tend to see doctors only when they are sick, and those doctors are often specialists who rarely mention vaccines. Despite the fact that adult vaccines are extremely cost-effective, Medicare and insurance coverage is spotty. Adults are often unsure of which shots they have had.

As children's vaccine coverage has improved, money has become available in the last five years to create a better system for adult vaccinations. But it has a long way to go. The hepatitis B vaccine should be available in prisons, at college health clinics and at sexually transmitted disease clinics. All doctors' offices and hospitals should provide information about adult vaccines, and clinics and

doctors who see patients on a regular basis, like gynecologists, urologists and cardiologists, should offer vaccines. State registries for children could be expanded to allow adults to keep track of their own immunization histories online.

It is worth investing in ways to promote a basic, cost-effective health measure that not only helps protect adults, but also everyone in their households.

## "Vaccination Graduates to an Older Crowd"

July 1, 2003 NY Times

By DONALD G. McNEIL Jr.

http://www.nytimes.com/2003/07/01/health/01VACC.html?ex=1058075407&ei=1&en=ee0bec9ad3 82a84e (excerpt – article is good but too long to place in it's entirety)

The future of vaccines, infectious disease experts say, is teenagers.

Parents are used to the idea of their babies getting up to 20 vaccinations by age 2 to prevent polio, measles, chickenpox and other diseases transmitted by coughing.

But pharmaceutical companies are inventing new vaccines against diseases usually transmitted by sex, drug use, foreign travel or living in dormitories or barracks. Half a dozen are now in the long and tangled medico-regulatory pipeline between the petri dish and the pediatrician's syringe.

"Adolescent vaccines are the next wave," Dr. Michael D. Decker, vice president for scientific affairs at the vaccine subsidiary of the Aventis pharmaceutical giant said recently at a conference on immunization policy. "All the manufacturers have them in the works."

## **Dates to Remember**

- National Immunization Awareness month is in August. Education and awareness materials are available from the National Partnership for Immunizations at http://www.partnersforimmunization.org/.
- CDC downlink Immunization Update August 21, 2003, 10-11:30 PT
- Annual Joint Conference on Health October 13-15, Yakima
- The Children's Alliance and Children's Hospital and Regional Medical Center's statewide children's public policy conference - October 16, 2003 at the Yakima Convention Center.
- National Registry Conference October 27-29, 2003, Atlanta, GA. Visit www.cdc.gov/nip/registry/irc for more information.

- IACW Meetings: Executive Committee, Health Care Provider subcommittee, Main Coalition – October 22. Public Awareness/Education, Adult subcommittees and API Task Force – TBD, call Jennifer at 206-285-1461 for updated information.
- Society for Public Health Education conference November 14-16, 2003, San Francisco.





Editor – Cindy Gleason Questions, call 360-236-3569